

Daniel G. McMurtrie, M.D., Testimony in support of Senate Bill 2  
House Health Policy Committee  
September 9, 2014

Good morning, Chairman Haines and members of the committee. My name is Daniel G. McMurtrie. I am a physician with over 30 years experience working closely with Certified Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists. I enthusiastically support Senate Bill 2, which will update the Michigan Public Health Code to accurately reflect the current practice of Advanced Practice Registered Nurses.

I am a life-long Michigander. I attended the University of Michigan for undergraduate school, medical school, and residency training. I have been in clinical practice in Ann Arbor since 1982, and have been the Chairman of Obstetrics and Gynecology for 25 years at St. Joseph Mercy Hospital in Ann Arbor. I am currently serving as the Interim Chief Medical Officer for the health system. In the past, I have served as Chief of Staff at St Joseph Mercy Hospital and Chairman of the Board of Integrated Health Associates, a large regional multispecialty group.

My experience in these clinical and administrative positions has given me insight into the roles and practice patterns of a variety of health care providers. My current responsibilities include implementation and monitoring of patient safety, quality improvement, and risk management activities. I have found Advanced Practice Registered Nurses to be responsible, thoughtful providers of care that consistently meets the highest standards.

Quality, effective health care requires a team effort. However, we will reach our goals of quality and cost efficiency only when all team members are allowed to practice to their fullest capacity based on educational preparation and experience.

Statements from multiple highly respected agencies and health care organizations support my opinions on this issue. Here are just a few examples:

From the **Institute of Medicine (IOM)** report, **“The Future of Nursing: Leading Change, Advancing Health”**, published in 2010 are the following recommendations:

- Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.
- State legislatures should reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules.
- States with unduly restrictive regulations should be urged to amend them to allow advanced practice registered nurses to provide care to patients in all circumstances in which they are qualified to do so.”

From the **Federal Trade Commission** publication, “**Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses**”, published in **March 2014**:

- Effective collaboration between APRNs and physicians does not necessarily require any physician supervision, much less any particular model of supervision.
- Physician supervision requirements may raise competition concerns because they effectively give one group of health care professionals the ability to restrict access to the market by another competing group of health care professionals.
- APRNs play a role in alleviating provider shortages and expanding access to health care services for underserved populations.
- APRNs are trained and in most states licensed to provide a broad range of primary care services that are also provided by primary care physicians; indeed there is increasing agreement among health care authorities that APRNs could safely provide an even broader range of primary care services if regulatory and reimbursement policies would permit them to do so.
- Based on substantial evidence and experience, expert bodies have concluded that APRNs are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice.
- APRNs typically collaborate with other health care practitioners. Effective collaboration between APRNs and physicians can come in many forms. It does not always require direct physician supervision of APRNs or some particular, fixed model of team-based care.”

And from the **National Governors Association** publication, “**The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care**” published in **2012**:

- “None of the studies in NGA’s literature review raise concerns about the quality of care offered by NPs. Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures. Moreover, the studies suggest that NPs may provide improved access to care.
- NGA’s review of health services research suggests that NPs are well qualified to deliver certain elements of primary care. In light of the research evidence, states might consider changing scope of practice restrictions and assuring adequate reimbursement for their services as a way of encouraging and incentivizing greater NP involvement in the provision of primary health care.”

The evidence is overwhelming. Despite what you might hear from organized medicine in our state, Senate Bill 2 will have a positive impact on the health of citizens in Michigan.

I urge you to do the right thing and vote to update the Michigan Public Health Code by supporting Senate Bill 2.

Thank you for your consideration.

Respectfully submitted,

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